

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 018 ***150.00

DOCUMENT # P97000036094 ✓
1. Corporation Name
MHA BENEFITS CORPORATION INC

Principal Place of Business	Mailing Address
100 W. Cypress Creek Rd #500 FonTLANDDALE FL 33309	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	100 W. CYPRESS CREEK #100	26	100 W. CYPRESS CREEK #100
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

22	500	27	500
	City & State		City & State
23	FORT LAUDERDALE FL	28	FORT LAUDERDALE, FL

Zip	Country	Zip	Country
33309	USA	33309	Browar

3. Date Incorporated or Qualified 4-21-98	
4. FEI Number 05-0814347	Applied For
	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JAMES J. NOLAN
100 W. Cypress Creek Rd #580
Fort Lauderdale, FL 33309

10. Name and Address of New Registered Agent			
81	Name	JAMES M. DANIEL HUGHES PA	
82	Street Address (P.O. Box Number is Not Acceptable)	7000 N FEDERAL HIGHWAY	
83		BUILDING 2 SOUTH	
84	City	FL	85 Zip Code
	FORT LAUDERDALE		33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James J. Nolan DATE 4/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PRESIDENT	
NAME	JAMES J. NOLAN	
STREET ADDRESS	100 WYCLIFF CREEK RD	#500
CITY-ST-ZIP	FLANDERS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	33301
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE ☐ Change ☐ Addition

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.2 NAME	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13 STREET ADDRESS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 CITY ST 210

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (11/98)